

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523 014

FILING DATE

APPLICANT(S)

9-15-05

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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36						
37						
38		(1)		3		
39		(1)				
40						
41						
42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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58						
59						
60						
61				3		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		17	↓	
TOTAL DEP.	←		←	48	←	
TOTAL CLAIMS				65		